



MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH OFFICE OF EMERGENCY MEDICAL SERVICES

DPH/OEMS
FORM #200-19
(9/10)

REINSTATEMENT APPLICATION INSTRUCTIONS BASIC EMT CERTIFICATION EXAMINATION

WHO SHOULD USE FORM 200-19

Recently expired Massachusetts EMTs who wish to reinstate.

ELIGIBILITY

The Massachusetts Department of Public Health's Office of Emergency Medical Services (DPH/OEMS) will review and verify your eligibility to take the examination. Applications will be returned to those candidates who are not eligible for testing. Please fill out both sides of the form completely and legibly. Sign and date the application forms as testimony that all of the information presented is accurate to the best of your knowledge.

If eligible for reinstatement, you will then be mailed a list of Accredited Training Institutions that have scheduled practical examinations. You will need to schedule a practical exam at one of these training institutions. Each accredited training institution has set a practical examination fee which you will be required to pay directly to them..

ELECTRONIC WRITTEN EXAMINATION PROCEDURES

After passing the practical examination, you will be mailed instructions for scheduling your written examination from PSI, the DPH/OEMS written exam vendor. The certification fee does not include the cost of the written examination. The cost of the written exam is \$55.00 and is paid directly to the examination vendor.

DEADLINE FOR INITIAL APPLICANTS

A reinstatement candidate has one year from the date his/her certification expires to submit an acceptable reinstatement application.

A candidate must successfully complete the practical examination within six months of the date of the Department's approval of the reinstatement application. A candidate has a maximum of three attempts within this six month period to pass the practical examination.

A candidate must successfully complete the written examination within six months of being authorized to take it. Candidates have a maximum of three attempts within this six month period to pass the written examination.

If a candidate does not successfully complete the examination within the allowable time limits and maximum number of attempts, he/she will no longer be eligible to take the certification examination. To regain eligibility a candidate must successfully complete a Department approved EMT Basic course before applying to take the certification examination.

SUBMISSION OF APPLICATION AND FEE:

Mail the application form with your certification fee of \$150.00 to DPH/OEMS, 99 Chauncy Street, 11th floor, Boston, MA 02111. The certification fee must be in the form of a check or money order made payable to: **COMMONWEALTH OF MASSACHUSETTS**. Fees are non refundable. Please remember to attach copies of both sides of your current CPR card and expired EMT card to the application.

Please check your application for completeness and legibility.

APPLICABLE STATE REGULATIONS

Applicants for EMT certification should be aware of Massachusetts laws and regulations which govern the conduct of EMTs including, but not limited to, M.G.L. c. 111C and 105 CMR 170.000. These laws and regulations are available on line, at www.mass.gov/dph/oems, at the State House Book Store and may be available at your local library.

(continued on reverse)

IMPORTANT INFORMATION
PLEASE RETAIN UNTIL AFTER YOU TAKE YOUR CERTIFICATION EXAMINATION

PRACTICAL EXAMINATION DAY INFORMATION

Be punctual. You must bring the following with you:

- Positive photo identification (license, school I.D.) **You will not be tested if you do not have a photo I.D. with you. The name on your I.D. must match the name on your exam application. Your I.D. must be legible with no distortion to the picture or name.**
- Your exam notice
- **Current CPR card**
- **An adult (100-200 lbs) to act as your patient. Patients must be at least 18 years old.**
- Pen or pencil to fill out forms
- You may also want to bring lunch or a snack to the practical exam.

You will not be admitted to the examination if you are carrying a weapon of any kind.

Do not bring any EMT textbooks, notebooks, skill sheets, personal digital assistants (PDAs) or other electronic devices to the examination. Cell phones and pagers must be turned off while you are in the stations.

Do not wear uniforms or other clothing that identifies you as a member of any group or organization.

Do not go to the examination if you are ill, incapacitated or injured. Persons with an injury, illness, or in the third trimester of pregnancy must have a note from their physician that specifically allows the candidate to take part in an all day, hands on examination involving physical exertion. The Chief Examiner may refuse to allow you to take the examination without a note from your physician.

Any and all questions, comments, problems and/or complaints on the day of the examination, must be referred to the Chief Examiner before you leave the exam site.

The Chief Examiner and Examiners are not allowed to provide exam results. Results will be mailed to you as soon as they are available. **DO NOT CALL DPH/OEMS TO INQUIRE WHETHER THE RESULTS HAVE BEEN SENT OUT. EXAM RESULTS WILL NOT BE GIVEN OVER THE TELEPHONE UNDER ANY CIRCUMSTANCES. IF YOU PASS THE PRACTICAL EXAM YOU WILL RECEIVE A MAILING FROM PSI WITH INSTRUCTIONS FOR SCHEDULING YOUR WRITTEN EXAM.**

If you fail any portion of the practical examination, you will receive a notice from DPH/OEMS. Included with this notice will be a retest application and a list of Accredited Training Institutions that have practical examinations scheduled. You may contact these Training Institutions to make an appointment for your practical retest. Retest fees are set by the individual Training Institutions and will be paid directly to them. All practical exams must be successfully completed within six months of the date the Department approves the application for reinstatement.



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DPH/OEMS
FORM #200-19
(9/10)

REINSTATEMENT APPLICATION
BASIC EMT CERTIFICATION EXAMINATION

PLEASE PRINT LEGIBLY IN INK

DATE OF BIRTH (mm/dd/yy)				DAYTIME TELEPHONE NUMBER																			
FIRST NAME (leave space between) MIDDLE INITIAL (leave space between) LAST NAME																							
MAILING ADDRESS																							
CITY																STATE		ZIP CODE (5 or 9 digits)					
PREVIOUS MASS. EMT #				SOCIAL SECURITY NUMBER												(Required - M.G.L. Chapter 30A Section 13A)							
EMT REFRESHER COURSE APPROVAL #																							
(The next row of information is required by the Criminal History Systems Board for CORI purposes - 803 CMR 3.05)																							
EYE COLOR				HEIGHT				WEIGHT				MOTHER'S MAIDEN NAME								GENDER			

OPTIONAL INFORMATION

The following information is requested for statistical purposes. Please check the appropriate boxes.

RACE:	<input type="checkbox"/> White Non-Hispanic	<input type="checkbox"/> Black Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> American Indian	<input type="checkbox"/> Other:		
EDUCATION:	<input type="checkbox"/> Some High School	<input type="checkbox"/> HS Grad or GED	<input type="checkbox"/> Some College	
	<input type="checkbox"/> Bachelors Degree	<input type="checkbox"/> Graduate Degree		

OEMS USE ONLY

*** ATTACH COPIES OF BOTH SIDES OF YOUR CURRENT CPR CARD HERE ***

(over)

DPH/OEMS USE ONLY

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PLEASE READ CAREFULLY AND ANSWER ALL OF THE FOLLOWING QUESTIONS

SUPPLEMENTAL INFORMATION

EMT Background

1. Have you previously applied to take the EMT examination (at any level) in Massachusetts or any other state or jurisdiction? If yes, when _____ and where _____. ☐ YES ☐ NO
2. Have you previously applied for licensure (at any level) or taken the EMT examination under a different name in Massachusetts or any other state or jurisdiction? If yes, indicate the name _____ and where _____. ☐ YES ☐ NO
3. Were you previously certified as an EMT (at any level) in Massachusetts or any other state or jurisdiction? If yes, indicate EMT number _____ and where _____. ☐ YES ☐ NO
4. Was your certification, license, or ability to work as an EMT (at any level) ever restricted, suspended, revoked or voluntarily surrendered in Massachusetts or in any other state or jurisdiction (including, but not limited to, by the state, your employer, supervising physician, hospital, or region)? ☐ YES ☐ NO
5. If you are/were certified or licensed as any other type of health care provider, was your certification or license ever restricted, suspended, revoked or voluntarily surrendered in Massachusetts or any other state or jurisdiction? ☐ YES ☐ NO

Criminal History

6. Since the last time you submitted an application for EMT certification or recertification in Massachusetts, have you been arrested, charged with, or convicted of a felony or misdemeanor in the United States or any country or foreign jurisdiction, other than a minor traffic violation?¹ Please note that a conviction includes a guilty plea or admission to sufficient facts. ☐ YES ☐ NO

If you answered yes to any of the questions above, attach a written explanation with supporting documentation. With regard to charges of criminal offenses, convictions, and disciplinary proceedings provide documentation including, but not limited to, that which fully describes the offense, copies of relevant court documents or administrative proceedings, dispositions and current status.

NOTE: Your failure to answer any of the above referenced questions will result in the return of your application without action. Your failure to disclose relevant information may result in the denial or revocation of your certification.

CERTIFICATIONS AND AUTHORIZATIONS

1. I certify that I will fulfill my obligations to report abuse or neglect of children pursuant to M.G.L. c. 119, § 51A and to report abuse of elderly persons pursuant to c. 19A, § 15.
2. I certify that I have complied with the laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting of child support.
3. I agree to abide by all rules and regulations of the Commonwealth of Massachusetts.
4. I agree to keep DPH/OEMS informed in writing of any name or address changes over the course of my certification period. I understand that the name and address on this application shall be deemed the appropriate name and address to which all notices from the Department of Public Health will be sent, unless I notify DPH/OEMS in writing of any changes.
5. I authorize DPH/OEMS and its staff to contact the Criminal History Systems Board for access to conviction and pending criminal case data, as well as to contact other agencies as may be necessary to verify information related to this application. As an applicant for certification or recertification or as an EMT, I understand that a criminal history check may be conducted and that it will not automatically disqualify me.
6. I hereby certify that I meet all the criteria for certification as required by 105 CMR 170.000 et seq. Further, I certify under the penalty of perjury that the information contained in this application is correct and I acknowledge that any false, inaccurate, or omitted statement or document is grounds for denial, revocation or suspension of the certification which I am seeking to regain.
7. I am aware that I must successfully complete the practical examination within six months of the date of DPH/OEMS' approval of my reinstatement application and that I must successfully complete the written examination within six months of being authorized to take the exam. If I fail to do so, I will be required to complete another basic EMT course before applying for the certification examination.

Signature of applicant: _____ Date: _____

PLEASE ENCLOSE A NON-REFUNDABLE FEE OF \$150.00
MAKE ALL CHECKS PAYABLE TO: COMMONWEALTH OF MASSACHUSETTS

Mail completed form and check to:

Mass. Dept. of Public Health/Office of Emergency Medical Services, 99 Chauncy Street, 11th Floor, Boston, MA 02111

¹ The following traffic violations are not minor and must be reported: conviction for driving under the influence, reckless driving, driving to endanger, and motor vehicle homicide.